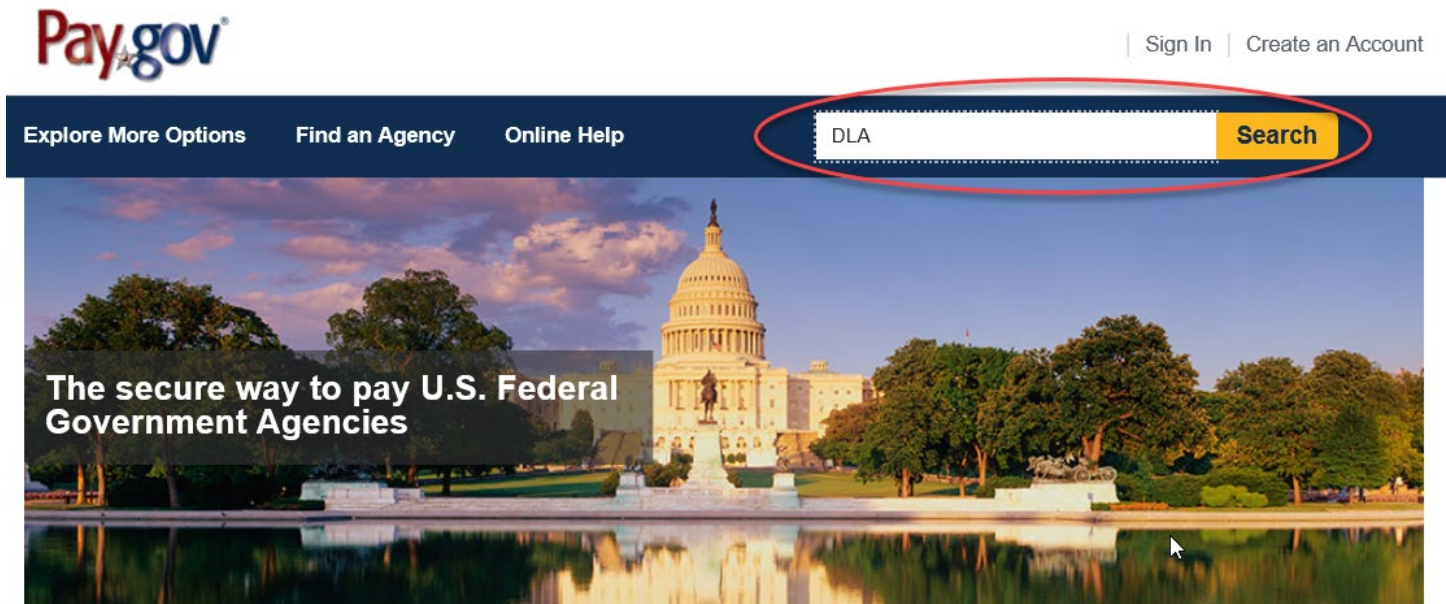


## Pay.gov Payment Instructions

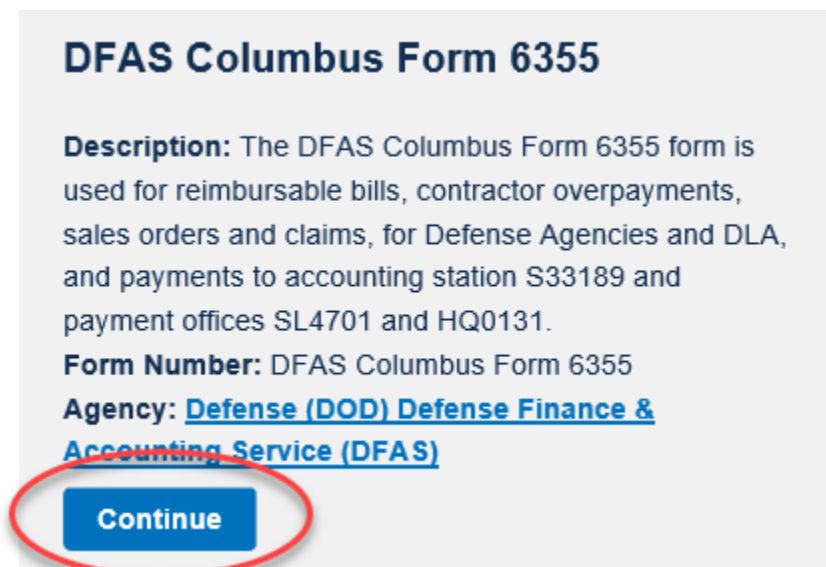
1. Go to <https://www.pay.gov/public/home>
2. Type “DLA” in the Search bar and select “Search.”



Many people visit our site to...

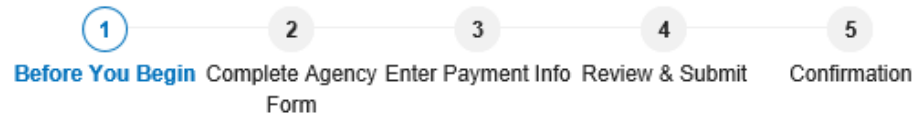


3. Scroll down to DFAS Columbus Form 6355 and select “Continue.”



4. Under DFAS Columbus Form 6355 select “Continue to the Form.”

## DFAS Columbus Form 6355



### About this form

The DFAS Columbus Form 6355 form is used for reimbursable bills, contractor overpayments, sales orders and claims, for Defense Agencies and DLA, and payments to accounting station S33189 and payment offices SL4701 and HQ0131.

### Accepted Payment Methods:

- Bank account (ACH)
- PayPal account
- Debit or credit card

### By creating an account you can:

- See the payments you made since you created an account.
- Store payment information, such as credit card numbers, so that you do not have to reenter it each time you make a payment.
- Copy a form you already submitted so that you do not have to reenter your information next time.
- Set up automatic recurring payments (from a bank account, debit card, or credit card).

To take advantage of these benefits, you can [Sign In](#) or [Create an Account](#). To continue as a guest user, click the 'Continue to the Form' button.

[Preview Form](#)

[Cancel](#)

[Continue to the Form](#)

Complete this form in its entirety and select "Continue" when finished. Be sure to select 'Other' as the correct Payment Type and include specific details about the reason for your payment in the "Payment Information" block. The "Payment Information" must contain the following information for proper processing: FOIA (to ensure processor will route to the correct department), Applicable Major Supply Chain, Request Number, and the Line of Accounting. The Line of Accounting for a non-energy FOIA request is 97X4930.5CBX 001 2630 S33189 and the Line of Accounting for an energy FOIA request is as follows, 97X4930.5CFX 001 2630 S33189. These steps will ensure your payment is applied correctly.



Defense Finance and Accounting Service

Proudly Serving America's Heroes

## DFAS Columbus Form 6355

Required information is marked by an asterisk \*.

Name/Company Name*:	<input type="text"/>		
Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Debt Document Number:	<input type="text"/>		
Point of Contact*:	<input type="text"/>		
POC Phone Number*:	<input type="text"/>		
POC Email Address*:	<input type="text"/>		

Please select the type of payment you need to make from the payment drop down menu.  
Please enter payment details such as invoice number, bill number, etc. in the Payment Information box.  
Multiple bill or invoice numbers may be entered separated by a comma.

Payment Type*:	<input type="text" value="Other"/>
Payment Funds/Line of Accounting (LoA):	<input type="text"/>

Payment Information \*  
(i.e.: Bill Number, Invoice Number, Bill of Collection Number, Accounting Processing Code (APC), Funds/Line of Accounting (LoA))

In this box, the below information is important to include in your payment for proper processing:

FOIA- to ensure processor will route to the correct department

Applicable Major Supply Chain in which the FOIA requests will be made

Request Number

The Line of Accounting (LOA) - LOA non-energy FOIA request:  
97X4930.5CBX 001 2630 S33189 and LOA energy FOIA request:  
97X4930.5CFX 001 2630 S33189

Amount of Payment\*    \$

\*\*Will you be using this form frequently? Please visit the Pay.gov home page at [www.pay.gov](http://www.pay.gov) to register and set up an account.

PDF Preview

Continue

5. Select your payment method then click “Next.”

Payment Information

Payment Amount \$5.00

\* I want to pay with my

- ☐ Bank account (ACH)
- ☐ PayPal account
- ☐ Debit or credit card

[Previous](#)

[Return to Form](#)

[Cancel](#)

[Next](#)

6. Complete this form in its entirety and select “Review and Submit Payment” when finished.

Please provide the payment information below. Required fields are marked with an \*

\* Payment Amount

\$2.00

\* Payment Date (mm/dd/yyyy)

01/18/2019

[Earliest Payment Date](#)

[Choose Payment Date](#)

\* Account Holder Name

\* Select Account Type

Select ...



\* Routing Number

\* Account Number

\* Confirm Account Number

[Previous](#)

[Return to Form](#)

[Cancel](#)

[Review and Submit Payment](#)

7. A payment confirmation email will be sent to you. Please e-mail the confirmation number to the DLA FOIA mailbox and keep this for your records.